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Draft country programme document**

Timor-Leste

Summary

The Executive Director presents the draft country programme document for the Democratic Republic of Timor-Leste for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $2.04 million from regular resources, subject to the availability of funds, and $13 million in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2007.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[1] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	0.4
U5MR (per 1,000 live births)	86
Underweight (%, moderate and severe)	46
Maternal mortality ratio (per 100,000 live births, 2000 adjusted)	660
Primary school attendance (% net, male/female)	65/63
Primary schoolchildren reaching grade 5 (%, 2002)	97
Use of improved drinking water sources (%, 2002)	52
Adult HIV prevalence rate (%)	..
Child work (%, children 5-14 years old)	4[a]
GNI per capita (US$)	430
One-year-olds immunized against DPT3 (%)	70
One-year-olds immunized against measles (%)	60

[1] More comprehensive country data on children and women are available at www.unicef.org.
[a] The definition includes children 5-11 years of age who, during the week preceding the survey taken, engaged in at least 1 hour of economic activity or at least 28 hours of domestic work. Excluded are children 12-14 years of age who, during the week preceding the survey taken, engaged in at least 14 hours of economic activity or at least 42 hours of economic activity and domestic work combined.

The situation of children and women

1. Timor-Leste has had a turbulent recent history, characterized by intense conflict and population displacement, which has resulted in widespread poverty and deprivation combined with major shortfalls in the institutional capacity to address these issues. The United Nations has played a key role in assisting the transition to independence and in supporting nation-building in partnership with other development partners.

2. Since independence in May 2002, Timor-Leste has made progress in the areas of democratic governance, the enactment of legislation to ensure human rights, the rehabilitation of infrastructure, and development planning. The United Nations Mission of Support to Timor-Leste was extended to May 2005 by the Security Council to continue its assistance for stabilizing the situation, but with a reduced size and amended mandate.

3. Forty per cent of the population lives under the national poverty line of $0.55 a day, making Timor-Leste one of the poorest nations in the region. Economic growth is insufficient to address the current high levels of poverty and unemployment, which is 20 per cent among urban males and as high as 43 per cent among young urban males. Negotiations over the final demarcation of maritime boundaries with Australia are progressing slowly. The development of the Bayu-Undan petroleum field is expected to significantly increase Government revenues through increased petroleum and natural gas production, which in turn is crucial to ensuring support for basic social services, infrastructure and creation of employment opportunities.

4. The 2004 census confirmed that 60 per cent of the population is below 18 years of age. Children and women continue to bear the costs of conflict and poverty. Health services are being restored but are inadequate to address serious health issues. Timor-Leste has the highest fertility rate in the world, at 7.8 children per woman. This rate has a major effect on women's health, on children's health and nutrition and on opportunities for accessing education. The high population growth rate affects all areas of national development. Under-five and maternal mortality rank among the highest in the region. Child morbidity is high due to the combined effects of infectious diseases, mainly acute respiratory infections, diarrhoea, dengue, and malaria. It is estimated that 44 per cent of children under five suffer from moderate or severe malnutrition, and nearly one in two children suffers moderate or severe stunting. Approximately 32 per cent of non-pregnant women are anaemic. The limited number of trained birth attendants and poor access to emergency obstetric care aggravate childbirth-related problems. Slightly more than 90 per cent of births take place at home, 87 per cent of newborns are not weighed at birth, and less than 10 per cent of births are officially registered.

5. The basic infrastructure for immunization has been restored, and immunization rates for diphtheria, pertussis and tetanus (DPT3) and measles are approaching 60 per cent. The immunization rate for tuberculosis is 72 per cent, but the dropout rate is high, as it is for measles vaccination. Much dropout is attributed to poor knowledge about the benefits of immunization and the long distances from communities to vaccination points. Outreach activities are badly needed in underserved areas.

6. The situation of safe water and sanitation is appalling, as are rural-urban disparities. In urban areas, access to safe drinking water and sanitary disposal is 75 per cent and 51 per cent, respectively; in rural areas, these figures plummet to 55 percent and 13 percent. School latrines are being repaired, and hygiene promotion activities are ongoing, but need acceleration.

7. While primary school enrolment is rising steadily, it is still lower than the regional average. The net primary school enrolment rate is 76 per cent for boys and 74 per cent for girls. Repetition and dropout rates are high, at 20-30 per cent and 10 per cent, respectively. Literacy is low, at 55 per cent for men and 45 per cent for women.

8. While HIV/AIDS prevalence is believed to be low, conditions exist for a rapidly worsening situation. Of particular concern is the fact that nearly three out of four people do not know how to prevent infection. Also worrisome is the widespread belief that HIV/AIDS is a disease spread by foreigners, commercial sex workers and young people with liberal attitudes towards sex. The high rates of fertility, premarital unprotected sex, tuberculosis and sexually transmitted infections are issues for serious attention.

9. A culture of violence has increased the vulnerability of children and women. A recently conducted survey indicated that 44 per cent of children 9-17 years old reported violence in their homes. Another survey identified 138 child abuse cases, a third of which involved sexual abuse. The majority of the victims were girls, who in most cases had a close relationship with the abuser. Systems are still weak for organizing the information on abuse that is reported to social workers, police and health professionals.

10. The Governments of Timor-Leste and Indonesia have agreed to the resettlement and return plan proposed by the Office of the United Nations High Commissioner for Refugees for persons displaced after the 1999 crisis. Permanent solutions are needed for several hundred cases of separated children.

11. A National Commission for Children will be established to coordinate policies and programmes and to monitor child rights. In September 2004, the Government launched the process for its initial State Party report on the implementation of seven human rights treaties, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Timor-Leste is one of the pilot countries using an integrated reporting process for these reports: congruent issues in all human rights treaties will be reported in a single document, while reports on specific issues will be prepared for the Committees on the Conventions mentioned above and for other treaties.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

12. The previous short-duration country programme assisted Timor-Leste's transition from emergency assistance to development cooperation. A two-track implementation strategy was used to support the recovery of the service-delivery infrastructure at the same time as community-based approaches were designed to increase the demand for basic services. The country programme made a strong contribution to the generation of national baseline data for issues affecting women and children, as a step towards the achievement of the National Development Plan, particularly in the areas of education, health and child protection, and for the development of laws and policies for children. Data collection included a multiple indicator cluster survey in 2002, a Demographic and Health Survey in 2003 and a census in 2004.

13. All 67 sub-district health centres were equipped with essential drugs and basic medical equipment. Staff in all centres have had their capacity developed to assist safe deliveries and practice the Integrated Management of Childhood Illness (IMCI), including growth-monitoring and micronutrient supplementation. The efforts of UNICEF to improve planning for the expanded programme on immunization, vaccine supply and cold-chain operation contributed to the increase of 10 to 20 per cent reported in vaccination rates. Mobile birth-registration campaigns with UNICEF support were conducted in eight districts, registering 40,000 children.

14. The "100 Friendly Schools" concept is the core vehicle for achieving results in primary education. The initiative has expanded to 32 school clusters across 13 districts, involving 400 schools and more than 1,000 teachers. Achievements included teacher training, improved school management and the establishment of new Parent-Teacher Associations (PTAs). PTAs are used as a channel by the World Bank for a school-maintenance programme, and by the World Food Programme to implement a school-feeding programme. UNICEF has supported the Government in spearheading a curriculum reform process for primary education. The Curriculum Reform Plan has been endorsed by the Council of Ministers, and five syllabi have

been developed. UNICEF also supported the development of a life-skills education strategy and training modules in support of the National HIV/AIDS Strategic Plan.

15. An inter-ministerial committee is drafting a comprehensive Children's Code that clarifies the obligations of the Government, service providers, communities and families to fulfil the rights of children. Other policy achievements include the development of standards for residential care institutions; draft regulations for adoption; and operational procedures for the police and social workers.

16. In communication, UNICEF worked with the national broadcaster Radio and Television Timor-Leste and community radio to strengthen audience research. Pilot initiatives with three community radio stations enabled children to participate in the preparation of programme formats and messages targeted to young people.

Lessons learned

17. Efforts to resuscitate the service-delivery infrastructure took the lion's share of country programme energies, and as a result, community mobilization efforts suffered. More attention is needed for community-based health promotion and referral activities and for linking communities to community health centres and district health authorities.

18. In basic education, a UNICEF-supported evaluation highlighted the need to improve the quality of teaching and learning. Programme efforts will shift from service-recovery to quality concerns, with a major emphasis given to promoting instructional leadership at the school level. School-based management and PTA initiatives are overlapping and will be merged for increased effectiveness, and teacher-training efforts will be coordinated with curriculum development.

19. Building a protective environment for children requires practical mechanisms for increasing collaboration between the police, justice officials, social workers, and family and community members. For example, reporting and registration of child abuse cases by these actors need to be integrated into a simpler system. For birth registration, the use of mobile teams will be coupled with efforts to establish a sustainable and decentralized registration system. For this purpose, UNICEF will help to convene authorities in the civil registry office, the sub-district level, and the Catholic Church. UNICEF will expand its cooperation with the Catholic Church, given its reach and resources, in community mobilization and life-skills education for young people.

The country programme, 2006-2007

Summary budget table

Programme	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and sanitation	450	4 100	4 550
Basic education	20	5 000	5 020
Child protection	400	1 600	2 000
Advocacy and communication	180	500	680
Adolescents and HIV/AIDS prevention	80	1 200	1 280
Planning, monitoring and evaluation	483	500	983
Cross-sectoral costs	431	100	531
Total	**2 044**	**13 000**	**15 044**

Preparation process

20. There was no formal mid-term review for the previous short-duration country programme. However, comprehensive annual reviews took place with government, donor and non-governmental organization (NGO) partners. The Situation Analysis was updated, with government involvement, in late 2004.

21. A team of UNICEF regional advisers in February 2005 helped to substantially revise the programme strategy and expected results for the new programme. At a workshop conducted with more than 30 staff of key Ministries and Agencies of the Government, consensus was reached on the expected outputs and outcomes of UNICEF cooperation and their contribution to the United Nations Development Assistance Framework (UNDAF) and the National Development Plan. Consultations were also held with the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and the World Bank. The new country programme was endorsed at a March 2005 meeting with the Government and donors.

Goals, key results and strategies

22. The overall goal of the country programme is the progressive realization of the rights of every child and the achievement of the Millennium Development Goals. UNICEF cooperation aims to ensure that all children are able to grow up healthy and well nourished in loving homes, enjoy at least six years of quality education, and live in communities that protect them from all forms of violence, abuse, neglect and exploitation.

23. Together with government, civil society partners, United Nations agencies and donors, the programme will aim to (a) increase immunization coverage; (b) ensure that women and children benefit from quality health, nutrition and water and sanitation services; (c) implement the National primary school curriculum and enable 400 primary schools to deliver a high-quality education; (d) institutionalize

effective prevention and child-protection systems; and (e) help young people to develop life skills, have opportunities to participate in the life of their societies, and avoid HIV/AIDS.

24. Consistently with the previous programme, the new programme will adopt the following strategies: advocacy to develop policies and laws that recognize children's rights and address disparities; improved delivery of basic services; capacity-building through training and system development; monitoring and evaluation to promote accountability; partnerships with and for children; and enhanced communication at all levels.

25. Some specific shifts are necessary. The country programme will focus on community demand-creation for basic services. This will involve the development of community-based health promotion and referral systems as well as more effective outreach activities planned jointly by communities and their service providers. In basic education, efforts will shift to address concerns about quality and emphasize instructional leadership at the school level. These efforts are expected to contribute to increased enrolment and reduced dropout, particularly for girls. And to address the rights of children, UNICEF will combine efforts to increase young people's participation with life- skills education and HIV/AIDS prevention.

26. The Constitution and the adherence of the Government to human rights principles provide opportunities to deepen the human rights approach in Timor-Leste. The proposed programme advances a **human rights-based approach to programming**, particularly through standards-setting and capacity-building for duty bearers. There is consistent support for processes involving government and non-government actors, including children, such as in the development of A National Youth Policy.

Relationship to national priorities and the UNDAF

27. The programme was designed to address the priority problems of children and women and the aspirations of the people of Timor-Leste. In support of the goals of the National Development Plan, it will make a number of strategic contributions: to improve the health and education status of the population; to strengthen civil society and create wider opportunities for women; to help children and young people participate in national life; and to support the development of an impartial justice system.

28. The programme will also contribute to the collective aims of the United Nations system, reflected in the UNDAF: to reduce child and maternal mortality; to ensure that all children complete six years of quality, primary education; and to ensure respect for the human rights of children and women and their protection from abuse, exploitation and other dangers such as HIV/AIDS.

Relationship to international priorities

29. In support of the Millennium Declaration and Millennium Development Goals, the country programme will contribute to the eradication of extreme poverty and hunger; universal primary education; reduced child mortality; improved maternal health; combating HIV/AIDS, malaria and other diseases; and gender equality and

the empowerment of women. UNICEF will also contribute to the increased protection of children from violence, abuse, neglect and exploitation.

30. The goals of *A World Fit for Children* and the priorities of the UNICEF medium-term strategic plan are reflected fully in the programme's strategic design and expected results. With the new programme for adolescent development and HIV/AIDS prevention, the country programme brings greater weight to efforts to engage young people, help them to develop life skills and to avoid behaviours that might expose them to HIV infection.

Programme components

31. **Health and sanitation**. This programme will focus on expanding immunization coverage, the skilled management of childhood illness, improved care for women before, during and after pregnancy, and community water and sanitation. It will continue the strategy of strengthening health services nationally while converging health, nutrition, immunization and water and sanitation initiatives in the four districts of Dili, Ermera, Liquica and Manatuto. There will be a greater focus on increasing the demand for quality services at community level, and on demonstrating new approaches to link communities with their health providers. This will involve community-based referral systems, effective outreach activities and new communication tools and methods.

32. The *immunization "plus"* project will ensure that all immunization centres have a functioning cold chain and adequate supplies of vaccines and vitamin A. The aim is that staff in all health centres and posts will be able to immunize children and women according to global health standards and to distribute micronutrient supplements. UNICEF will advocate that the Government assume responsibility for purchasing vaccines and syringes for routine immunization. New policies for the regulation and marketing of iodized salt will be spearheaded.

33. The *child survival and maternal health care* project will focus on quality issues in health service delivery. Nationally, UNICEF will continue to ensure that all midwives and nurses in community health centres are able to assist safe deliveries and practice IMCI. Various communication activities will be used to promote improved family-caring practices based on *Facts for Life*. In the four targeted districts, UNICEF will support the delivery of a full package of preventive health and nutrition services. Interventions will focus on the prevention of malaria and anaemia in women, as well as on increasing women's knowledge and empowerment regarding family size and spacing, in order to reduce maternal deaths. Because many women do not have access to health services, the programme will focus on service delivery and health promotion at the community level. To address the low demand for services, volunteer networks will be activated to carry out community-based health promotion and to facilitate referral and outreach activities by health providers. Health interventions for young children will be coordinated at the district and community level, with early learning and good parenting initiatives supported by the Basic Education programme. The programme will advocate for and provide technical assistance to the Health Management Information System (HMIS) to address the need for better data disaggregated at sub-national levels as a way of improving micro-planning of health activities.

34. The *water and environmental sanitation (WES)* project will mobilize communities through educational programmes to significantly improve environmental sanitation at the community and family levels, in order to reduce water- and mosquito-borne diseases. Communities will be supported to rehabilitate and build low-cost water systems and latrines, improve home sanitation and promote safe hygiene behaviours. The aim is for 80 per cent of families in the same selected villages of the child survival project to have access to clean water and sanitary latrines. In addition, in at least 80 schools, children will have access to WES facilities, practice safe hygiene behaviours and be de-wormed. The project will also build the management capacity of key national and district staff of the Water and Sanitation Bureau. School-based WES activities will be coordinated with the Basic Education programme.

35. The main implementing partners are the Ministry of Health, the Department of Water and Sanitation Services, District Administrations and local departments for health and sanitation. Other partners include the Catholic Church-based organization *Pastoral da Criança*, the Alola Foundation, and village entrepreneurs responsible for building WES components, mobilizing community demand, and promoting behavioural change.

36. **Basic education**. Primary education is characterized by inadequate or damaged physical infrastructure, poorly trained and unmotivated teachers, a weak administrative and support structure, and poor school-readiness among young children. To address these concerns, the Basic Education programme will shift its attention from service-recovery and expansion to improving quality, emphasizing instructional leadership at the school level. UNICEF will build on successes at the school level to strengthen the national education policy and planning, and will support the implementation of the new primary school curriculum.

37. The *national education policy and planning* project will strengthen the abilities of key staff and departments in the Ministry of Education, Culture, Youth and Sport to collect and analyse data, and formulate education policies and plans. The Education Management Information System (EMIS) will be expanded to cover primary, junior and secondary schools to facilitate the availability of information about school budgets, learning achievement, teacher and student attendance. National examination data will be used to assess the effectiveness of the education system and curriculum.

38. The *one hundred school clusters* project will consolidate gains made and improve education quality. The expected results are that teachers in 400 schools will be able to use active teaching and learning methods and materials and that principals will be better able to manage their schools and provide instructional leadership to teachers and students. PTAs will be strengthened to support school development, including the rehabilitation of infrastructure and maintenance of WES facilities. Responding to the Government's decision, UNICEF will help to develop a model for community pre-schools. At least 13 pre-schools will be established on a pilot basis to inform education policy development.

39. A new project is to support the development of the primary school curriculum. This will involve the development of teacher guides, textbooks, and teacher training and learning resources. Materials will be produced in Portuguese and Tetun to facilitate the development of language skills among teachers. It is expected that, by 2007, all teachers in grades 1 to 3 will be able to deliver the new curriculum.

UNICEF will support the development of new classroom-based observation strategies to assess implementation.

40. The programme will be implemented by the Ministry of Education, Culture, Youth and Sport and other partners, including the Catholic Church, the World Bank, the Governments of Portugal and Brazil, and international NGOs.

41. **Child protection**. This programme will help to institutionalize effective systems and services that prevent child abuse, exploitation and neglect, assist children who are in conflict with the law, and increase birth registration. More consistent efforts are needed to increase knowledge about child protection behaviours and practices, and to promote open discussion of these issues among communities and service providers. The lack of data is still a pressing concern.

42. The *protection from violence, abuse, neglect and exploitation* project will address the need for community dialogue about child protection. UNICEF will continue to support child protection networks and community theatre to raise awareness. Children in institutions and separated children remaining in Indonesia will benefit from the implementation of policies and systems to promote reunification. Collaboration between police, social workers and community organizations will be promoted to prevent child abuse and to respond to children in need. UNICEF will continue to build professional capacity and develop simple yet effective systems for improved case management and better recording of child abuse cases.

43. The *juvenile justice* project will build the capacities of key staff in the judiciary and police to better implement juvenile justice principles and national legislation, including the Children's Code, which will be finalized and rolled out. Programmes for community-based rehabilitation will be strengthened and promoted as diversion measures and alternatives to detention for children in conflict with the law. UNICEF will continue to build the professional capacity of the police and the strength of systems dealing with children.

44. The *birth registration* project will help to establish a national birth registration system. A civil registration code will be developed, and procedures and mechanisms for a sustainable and decentralized birth registration system will be designed and piloted. Parents, caregivers and service providers will be given greater access to information about registration services.

45. The *protection* project will be implemented by the Division of Social Services under the Secretary of State for Labour and Solidarity; *juvenile justice* will be implemented by the Ministry of Justice and the National Police, under the Ministry of Interior; and *birth registration* will be implemented by the Ministry of Justice. Other partners include the Catholic Church, local and international NGOs, and community-based organizations (CBOs).

46. **Advocacy and communication**. While the Government recognizes the need for a national communication strategy, media training and expanded radio and television broadcasting, there is limited technical capacity for conducting information, education and communication initiatives. This programme will help to build this capacity among partners and support efforts to popularize the Convention on the Rights of the Child.

47. Key expected results include, first, the integration of a national information, education and communication strategy into sectoral communication plans, and the creation of pilot mechanisms to strengthen information flow between districts and communities about the availability of basic services. Second, media agencies and electronic, print and traditional communication networks will be more knowledgeable about child rights issues, and targeted NGOs and CBOs will be able to apply a child-rights approach to their work. Third, children and young people will have opportunities to participate in the media and have greater access to radio and print information designed specifically for and about their lives.

48. The programme will be implemented by the Public Broadcasting Services of Timor-Leste. Other partners will include Radio and Television Timor-Leste, community radio, journalists associations, NGOs, CBOs, Parliament, and targeted communication departments of the Ministries of Health and Education, and the Department of Social Services.

49. **Adolescents and HIV/AIDS prevention**. Nearly two out of three people in Timor-Leste are children. Young people are vulnerable to the violence that persists in their communities and schools, and they face higher risks of infection with HIV/AIDS. This programme will build the capacities of targeted national and local bodies to help young people play a larger role in their society, have improved livelihoods, learn life skills and remain safe from violence and HIV infection.

50. The *adolescents' participation* project will work on two fronts to create a policy environment that addresses the needs and rights of young people while also providing young people with access to life-skills education, functional-literacy services, and opportunities to participate more actively in their communities. A national youth database will be used to inform policy and planning. In consultation with young people, UNICEF will work with the World Bank to help develop a National Youth Policy. UNICEF will support life-skills education for out-of-school adolescents and students in 80 secondary schools. Life-skills education will also be integrated into the primary school curriculum. A functional literacy strategy for young people will be developed, and UNICEF will support projects in five districts to pilot new methods and materials. In addition, NGOs and community organizations in 13 districts will be supported to establish networks for young people, such as youth service clubs and student parliaments.

51. The *HIV/AIDS prevention* project will help young people to have greater access to information and counselling for HIV/AIDS prevention. Newly established counselling services in four clinics in Dili, and in three of its district hospitals, will be strengthened. At the national level, UNICEF will support the National AIDS Commission and key Ministries to implement the National HIV/AIDS Strategic Plan. A variety of communication initiatives will be supported to convey information and messages about HIV/AIDS prevention. Advocacy and other support will help to create a conducive environment for the utilization of acquired skills and information relating to HIV/AIDS prevention.

52. Two Ministries will oversee programme implementation: the Ministry of Education, Culture, Youth and Sport and the Ministry of Health, and a steering committee will oversee coordination. Other partners include the Secretary of State for Labour and Solidarity, Parliament, the Catholic Church, and NGOs and CBOs serving youth.

53. **Planning, monitoring and evaluation.** There is an ongoing need for higher-quality socio-economic information, stronger development planning and an increased commitment to sustaining investment in basic services. This programme will build the capacities of key government staff at national and district levels to collect and analyse data, prepare evidence-based plans, and strengthen monitoring and evaluation. A joint project is anticipated with UNDP and UNFPA to establish *DevInfo* as the government system for monitoring achievement of the Millennium Development Goals. Lastly, the programme will support the National Commission for Children to coordinate policy and programme development for children and to monitor implementation of the Convention on the Rights of the Child. The programme will be implemented by the Ministry of Planning and Finance and the National Statistics Directorate. Other partners are the National Commission for Children, the Policy and Planning Departments of the Ministries of Health, Education and Justice, and the Secretary of State for Labour and Solidarity.

54. **Cross-sectoral costs** will cover the salaries and travel costs of staff supporting country office operations, training and communication initiatives and the provision of office equipment.

Major partnerships

55. UNICEF will continue to support the development of government-led Sector Investment Program (SIP) in health, education, justice, water supply and sanitation, social services, local government and civil society, and communications. In health, key partners will include the European Union, the Australian Agency for International Development, Japan, the United States Agency for International Development and the World Bank. In education, key SIP partners will be Brazil and Portugal, the World Bank and the United Nations Economic, Scientific and Cultural Organization. The Catholic Church is expected to play a larger role in health promotion in communities, as well as in the adolescents' participation and literacy project. By the end of 2005, Village Chiefs will be elected across Timor-Leste. They will be asked to play a key role in mobilizing communities, increasing demand for basic services and improving outreach. Collaboration will continue with WHO to expand the health surveillance system; with UNFPA on safe motherhood and birth spacing; and with UNDP to strengthen the justice system for children. The World Bank will be a partner in efforts to frame the national youth policy, and to ensure appropriate links between the primary school curriculum and the Bank-supported secondary-school curriculum.

Monitoring, evaluation and programme management

56. The Ministry of Planning and Finance will coordinate the country programme; implementation and management will be carried out by relevant Ministries and line departments. Sub-national activities and results will be achieved in cooperation with district and sub-district administrations and with newly elected Village Chiefs. Convergence of programme activities at the district level and coordination of communication and advocacy initiatives will be undertaken by two cross-functional teams. Where feasible, UNICEF will promote the formation of cross-functional teams among government departments at the national and local levels to enhance coordination.

57. Major data-gathering activities for each programme will be consolidated in a two-year integrated monitoring and evaluation plan, which will assist evidence-based decision making during annual reviews and an end-of-cycle review. Two major evaluations will determine (a) the effectiveness of health promotion and outreach activities in creating demand for basic services in four districts, and (b) the contribution of the primary school curriculum to improving learning outcomes. UNICEF will assist the National Statistical Office in collecting high-quality data related to programme results and the Millennium Development Goals through surveys and routine reporting systems. UNICEF will also continue to build the capacity of the Government to use *DevInfo* to improve the targeting and delivery of basic services.